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APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR Application Date September 8, 1982 Application Number DHR 82-54		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES Division of Mental Health and Mental Retardation - Room 315-H 47 Trinity Avenue, S.W. Atlanta, Georgia 30334		ARCHIVES AND HISTORY Application Number 82-548 Date Received SEP 14 1982 Date Completed OCT 25 1982	
2. Person to Contact Dr. Joseph L. Dicks		Working Title Director, Dental Program		Telephone Number 393-7226	
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. Department-wide schedule b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void					
4. Dates of Series Earliest 1960 Latest continuing		5. Records Series Title (followed by title used in office, if different) Mental Health/ Mental Retardation Hospital/ Institution Patient Dental Record Case Files			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? <p>The Division of Mental Health and Mental Retardation administers the programs for mental health, mental retardation, and other developmental disabilities; for alcohol and drug abuse; and conducts training and research. This Division is also concerned with community mental health and the administration of the State mental hospitals; and for rehabilitation and retardation centers State-wide.</p> <p>The State Regional Hospitals/ Institutions/ Medical Centers have the responsibility to provide mental health services for the people in its geographic area of responsibility; to conduct training and education for persons in various mental health disciplines; and to carry out research with the objective of determining the causes and possible cures of mental illness.</p>					
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. <p>Documents relating to: maintaining records of dental services performed for patients at the respective State-financed hospitals and institutions.</p> <p>Included are: the dental chart, the treatment record, dental x-rays, parent/guardian consent for dental treatment, and other accompanying records which may be utilized by individual programs.</p> <p>File is arranged: alphabetically by last name of patient.</p>					
8. Monthly Reference Rate How often are records referred to which are: One to six months old _____ ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; twenty-five months and older _____ ? frequently as required					
9. Annual Rate of Accumulation or Records State-wide estimated approx. 3,000 Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? <u>at each Hospital/Institution/Medical Center</u> If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. <u>contain patient names - DHR Confidentiality of Public Records XI.A.2(s)</u>
	X	c. Is this a vital record?
X		d. Does this series have historical or long term research value? <u>long term - MH/MR patient records</u>
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|------------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | <u>35</u> years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

see attached letter concerning MH/MR patient records

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Active records (when applicable)

Beginning January 1, 1982, begin a new three-year division of records; hold preceding accumulation of records to end of calendar year to complete seven years; transfer to local holding area; hold 8 years; then transfer to State Records Center; hold 20 years; then destroy.

These instructions apply to all prior and future accumulations of the series.

Inactive records

When individual dies or becomes ineligible for services in Georgia, place all papers for that patient in the inactive file; cut off the inactive file at end of each calendar year; hold seven years; transfer to local holding area; hold 8 years; then transfer to State Records Center; hold 20 years; then destroy.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Joseph R. Robin DDS</i>	<i>1 SEP 82</i>	<i>Elizabeth Crank</i>	<i>8/27/82</i>
		Elizabeth W. Crank, CRM-RMO	
		State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Auditor/Designee	<i>Edward Weldon</i>	<i>10-19-82</i>
	Secretary of State/Designee	<i>Edward Weldon</i>	<i>10/14/82</i>
	Attorney General/Designee	<i>Edward Weldon</i>	<i>10-20-82</i>